



00862.022461

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

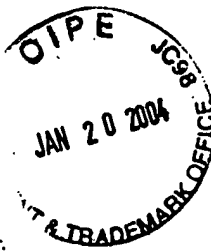
In re Application of:)	
	:	Examiner: Dang E. Le
KEIJI EMOTO, ET AL.)	
	:	Group Art Unit: 2834
Application No.: 09/998,691)	
	:	
Filed: December 3, 2001)	
	:	
For: LINEAR MOTOR AND EXPOSURE)	January 20, 2004
APPARATUS USING THE SAME	:	

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT AND SUBMISSION OF CORRECTED FORMAL DRAWINGS

Sir:

In response to the Office Action mailed October 20 , 2003, the Examiner is respectfully requested to consider and enter the following amendments:



Image

In re Application of:

Docket No. 00862.022461

KEIJI EMOTO, ET AL.

Application No.: 09/998,691

Examiner: Dang e. Le

Filed: December 3, 2001

Group Art Unit: 2834

For: LINEAR MOTOR AND EXPOSURE APPARATUS
USING THE SAME

Date: January 20, 2004

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below


CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 21	MINUS	** 21	= 0	x \$9 \$18	0.00
INDEP. CLAIMS	* 6	MINUS	*** 6	= 0	x \$43 \$86	0.00
Fee for Multiple Dependent claims \$145°/\$290						0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Lawrence A. Stahl
Registration No. 30,110

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LAS:eyw

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